HERITAGE MANOR

19	WEST	NEWTON,	P.O.	BOX	311	
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RICE LAKE	54868	Phone: (715) 234-2161		Ownership:	Corporation
Operated from 1/	1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjur	ction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Se	t Up and St	affed (12/31/03):	92	Title 18 (Medicare) Certified?	Yes
Total Licensed Be	d Capacity	(12/31/03):	92	Title 19 (Medicaid) Certified?	Yes
Number of Resider	ts on 12/31	/03:	81	Average Daily Census:	86

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	\{ \{		9.9 40.7	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	6.2	More Than 4 Years	23.5	
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	8.6 27.2	•	74.1	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.4	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent		
Congregate Meals No				·		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures				(12/31/03)		
Other Meals	No	Cardiovascular		65 & Over				
Transportation Referral Service	No No	Cerebrovascular Diabetes			음	RNs LPNs	13.1 8.5	
Other Services		Diabetes Respiratory			-		0.5	
Provide Day Programming for	100	Other Medical Conditions		Male		Aides, & Orderlies	53.6	
Mentally Ill	No			Female	75.3	Ì		
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	303	41	78.8	107	0	0.0	0	19	100.0	113	0	0.0	0	0	0.0	0	70	86.4
Intermediate				11	21.2	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	13.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		52	100.0		0	0.0		19	100.0		0	0.0		0	0.0		81	100.0

HERITAGE MANOR

Admissions, Discharges, and	1	Percent Distributio	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.5	Bathing	0.0		88.9	11.1	81
Other Nursing Homes	2.9	Dressing	9.9		81.5	8.6	81
Acute Care Hospitals	84.7	Transferring	29.6		59.3	11.1	81
Psych. HospMR/DD Facilities	1.2	Toilet Use	21.0		66.7	12.3	81
Rehabilitation Hospitals	0.6	Eating	48.1		43.2	8.6	81
Other Locations	2.4	*****	* * * * * * * * * * * * * * *	*****	******	******	*****
Otal Number of Admissions	170	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	6.2	Receiving Resp	iratory Care	9.9
Private Home/No Home Health	5.6	Occ/Freq. Incontine	nt of Bladder	66.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	19.6	Occ/Freq. Incontine	nt of Bowel	35.8	Receiving Suct	ioning	0.0
Other Nursing Homes	3.4	<u>-</u>			Receiving Osto	my Care	1.2
Acute Care Hospitals	50.3	Mobility			Receiving Tube	Feeding	1.2
Psych. HospMR/DD Facilities	0.6	Physically Restrain	.ed	6.2	Receiving Mech	anically Altered Diets	22.2
Rehabilitation Hospitals	0.0				-	_	
Other Locations	1.1	Skin Care			Other Resident C	haracteristics	
Deaths	19.6 i	With Pressure Sores		2.5	Have Advance D	irectives	79.0
otal Number of Discharges	i	With Rashes		3.7	Medications		
(Including Deaths)	179 i				Receiving Psyc	hoactive Drugs	66.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietarv	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	용	Ratio	%	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.2	84.6	1.08	88.0	1.04	88.1	1.04	87.4	1.04
Current Residents from In-County	97.5	75.5	1.29	72.9	1.34	69.7	1.40	76.7	1.27
Admissions from In-County, Still Residing	15.9	18.9	0.84	20.1	0.79	21.4	0.74	19.6	0.81
Admissions/Average Daily Census	197.7	152.9	1.29	129.5	1.53	109.6	1.80	141.3	1.40
Discharges/Average Daily Census	208.1	154.8	1.34	130.3	1.60	111.3	1.87	142.5	1.46
Discharges To Private Residence/Average Daily Census	52.3	63.8	0.82	52.2	1.00	42.9	1.22	61.6	0.85
Residents Receiving Skilled Care	86.4	94.6	0.91	93.7	0.92	92.4	0.93	88.1	0.98
3									
Residents Aged 65 and Older	93.8	93.7	1.00	94.2	1.00	93.1	1.01	87.8	1.07
Title 19 (Medicaid) Funded Residents	64.2	66.0	0.97	66.3	0.97	68.8	0.93	65.9	0.97
Private Pay Funded Residents	23.5	19.0	1.23	21.6	1.09	20.5	1.14	21.0	1.12
Developmentally Disabled Residents	1.2	0.5	2.46	0.5	2.27	0.5	2.46	6.5	0.19
Mentally Ill Residents	43.2	31.3	1.38	36.2	1.19	38.2	1.13	33.6	1.29
General Medical Service Residents	24.7	23.7	1.04	21.5	1.15	21.9	1.13	20.6	1.20
Impaired ADL (Mean)	44.4	48.4	0.92	48.4	0.92	48.0	0.93	49.4	0.90
Psychological Problems	66.7	50.1	1.33	53.4	1.25	54.9	1.21	57.4	1.16
Nursing Care Required (Mean)	5.1	6.6	0.78	6.9	0.74	7.3	0.70	7.3	0.70
naroring care negation (near)	J.1	3.0	0.70	0.5	O • · · 1	, . 5	0.70	7.5	00